Kansas	**STATE BOARD OF PHARMACY** 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	**REGISTRATION APPLICATION:** **Sample Distributor** Form BA-15

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of $24.00. Fees are nonrefundable.

OWNERSHIP

The Owner is considered the "applicant" for purposes of this form. If the Owner is a corporate or other legal entity, please complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate).

Please indicate if this is a new application or a change:

☐ New Application Change (Check all that apply): ☐ Address ☐ Ownership ☐ Name

Previous registration number: _____ Effective date of change: _____

OWNER/APPLICANT INFORMATION

Name		Other States Registered (abbrev.)	
Address			
City	State	Zip	County
Phone	Fax		Email

Ownership Type:

☐ Individual Provide SSN: _____ ☐ Government Entity Provide FEIN: _____

☐ Partnership ☐ LLC ☐ Corporation

Complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate)

DISTRIBUTOR INFORMATION

Name		Hours of Operation	
Physical Address			
City	State	Zip	County
Phone	Fax		Email

AUTHORIZED AGENT INFORMATION (If different than Owner)

Name		Title	
Address			
City	State	Zip	County
Phone	Fax		Email

Designate where all formal correspondence, notices, and renewals should be sent:

☐ Owner ☐ Physical Location ☐ Authorized Agent

Initials: _____ **OFFICE USE ONLY**

Permit #: _____ Fee: $_____ Date: _____ Check #: _____

Revised 04/16

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DRUG SAMPLES BEING DISTRIBUTED:

_____

_____

_____

_____

☐Yes ☐No **Does the applicant plan to provide samples of the permitted controlled substance drugs?**
If yes, attach a copy of the current DEA Registration.
Current DEA Registration Number _____ Expiration Date _____

AUTHORIZED AGENT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I understand any permit issued will be issued jointly to the applicant and myself, and I hereby accept responsibility as the authorized agent for such permit, which shall include compliance with the Kansas Pharmacy Act and Kansas Controlled Substances Act.

_____ _____
SIGNATURE DATE SIGNED

OWNER/APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

_____ _____
SIGNATURE DATE SIGNED

Revised 04/16